

May 25, 2000

Refer to:
MB:JG
KS WA 40164.90.R1

Ms. Janet Schalansky, Secretary
Department of Social and Rehabilitation Services
Docking State Office Building
915 Harrison
Topeka, Kansas 66612

Dear Ms. Schalansky:

I am pleased to inform you that your request to renew Kansas' home and community-based services waiver for persons with Traumatic Head Injury authorized under the provisions of section 1915(c) of the Social Security Act has been approved. This waiver has been assigned control number 40164.90.R1, which should be used in any subsequent correspondence.

Based on the assurances and additional information provided, the waiver renewal request is approved for a 5-year period, effective July 1, 1999 through June 30, 2004.

Please note, with this renewal, case management was deleted as a waiver service. Therefore, it is necessary that the State amend its State Plan to include targeted case management as a State Plan service.

The following estimates of utilization and cost of waiver services have been approved.

	<u>C</u>	<u>X</u>	<u>D</u>	<u>Total</u>
(07/01/1999 - 06/30/2000) Year 9	140		\$34,372	\$4,812,080
(07/01/2000 - 06/30/2001) Year 10	150		\$34,411	\$5,161,650
(07/01/2001 - 06/30/2002) Year 11	200		\$34,307	\$6,861,400
(07/01/2002 - 06/30/2003) Year 12	200		\$34,307	\$6,861,400
(07/01/2003 - 06/30/2004) Year 13	200		\$34,307	\$6,861,400

This waiver renewal request conforms to the requirements of the statute and Medicaid regulations. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Joe L. Tilghman
Regional Administrator

cc: Bob Day
Jackie Glaze
bcc: Luce, Taggart, Patterson, Barraza
M J Duckett, CO
GLAZE:pl 05/24/2000: KS4016~2.DOC

Home and Community-Based Services
WAIVER INITIAL/RENEWAL/MODIFICATION

EXECUTIVE SUMMARY

STATE KANSAS

WAIVER NO 40164.90.R1

20th day 04/24/00 32nd Day 05/06/00 90th Day 05/25/00
CO Analyst Mary Kay Mullen

1. **TYPE OF REQUEST** (check one)

Initial ____ Renewal X Amendment/Modification _____

2. **TARGET POPULATION** (check those appropriate)

- | | |
|--|---|
| <input type="checkbox"/> AGED | <input type="checkbox"/> PHYSICALLY DISABLED |
| X CHILDREN (ages covered)
(Waiver covers ages 16-54)* | <input type="checkbox"/> AGED DISABLED |
| X ADULTS | <input type="checkbox"/> MR |
| <input type="checkbox"/> DD | |
| <input type="checkbox"/> MENTALLY ILL/HEALTH | <input type="checkbox"/> MR/DD |
| X TBI | <input type="checkbox"/> AIDS |
| <input type="checkbox"/> CONSUMER DIRECTED | <input type="checkbox"/> TECHNOLOGY/MEDICALLY FRAGILE |
| HEAD INJURED | OTHER |

*If a consumer is receiving services when they turn 55, they may continue services as long as progress is made.

3. **WAIVER SERVICES** (Show all services. (*) Those added by current action.)

Transitional living skills, rehabilitation therapies, personal services, sleep cycle support, personal emergency response system (install), personal emergency response system (rental), and assistive services

4. **IMPORTANT DATES**

Date Current Action Received by RO/CO Ap4il 6, 1999

Initial Waiver # 40164 Approved 12/26/90 Effective 02/01/91
Renewal # 40164.90 Approved 05/05/94 Effective 07/01/94
Amendment/Modification # 40164.90.01 Approved 07/02/98 Effective 07/01/98

EXTENSION time frame_____

5. **CHANGES REQUESTED**

The State separated the services that comprised personal services into three service categories, personal services, personal emergency response system (PERS), and sleep cycle support.

6. **CURRENT ACTION RECOMMENDATION** - APPROVAL ____ DISAPPROVAL ____
Rationale:

The Medicaid Division waiver review team has reviewed the above waiver and has found that the proposed waiver action meets the requirements of the Act and Regulations.

<u>Waiver Team Member</u>	<u>Signature</u>	Phone	<u>Date</u>
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Jackie Glaze, Team Leader	_____		
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Barbara Cotterman, Eligibility	_____		
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Sharon Patterson, Quality Assurance	_____		
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Tim Watson, Services	_____		
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Leticia Barraza, Finance	_____		
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Sharon Taggart, Coordinator	_____		
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